



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS & ENERGY
DIVISION OF MINERAL MINING
P. O. Box 3727
Charlottesville, Virginia 22903
(434) 951-6310

LICENSE RENEWAL/TRANSFER APPLICATION

Application Tracking # _____

RENEWAL ☐
TRANSFER ☐

FOR OFFICE USE ONLY

PERMIT # _____
RECEIPT # _____
DATE ISSUED _____

Permit No. (Renewals only) _____

1. Name of Applicant _____
2. Mailing Address _____
3. Office Telephone No. _____
4. Attach to this License Renewal/Transfer Application the following information on any contractors who will be working on the mine site in the next 12 months: trade name, business address, business telephone number, MSHA identification number (if applicable), address of record (if different than business address), service to be provided, where at the mine the work will be provided, person(s) with responsibility for operating decisions (name and address) and person(s) with responsibility for health and safety of employees (name and address). During the year any contractors on the mine site but not on the list must be reported individually. Contractors not shown on the attached list will no longer be associated with the mine permit.

PLEASE COMPLETE ANY INFORMATION THAT HAS CHANGED SINCE YOUR ORIGINAL LICENSE APPLICATION OR SINCE YOUR LAST RENEWAL IF THE FORM IS BEING USED TO TRANSFER THE PERMIT, THEN ALL APPROPRIATE INFORMATION MUST BE PROVIDED.

(be sure to complete the certification statement on page 3, sign and date the form)

5. Type of Organization:

- () Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
- () Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
- () Partnership - Complete questions A,B,C,D,E,F,G,H,I
- () Other - Complete questions A,B,C,D,E,F,G,H,J

Specify: _____

(A) Mine name, address and telephone number _____

(B) MSHA ID number of the mine (if applicable) _____

(C) Person with overall responsibility for operating decisions at the mine

Name/Title _____ Telephone # _____

Address _____

(D) Person to be contacted in the event of an accident or emergency

Name _____ Telephone # _____

Address _____

(E) Person with overall responsibility for health and safety at the mine

Name _____ Telephone # _____

Address _____

(F) Person responsible for business operation of the mine

Name _____ Telephone # _____

Address _____

(G) Applicant's Federal Tax ID Number _____

(H) List all individuals having any ownership interest in the organization

Name/Title _____ Telephone # _____
Address _____

(I) Trade name, address and telephone number for sole proprietors/partnerships

(J) Principal organization officials, corporate officers, directors and members

Name/Title _____ Telephone # _____
Address _____

(K) Corporation name, address and telephone number if different than applicant

(L) State of Incorporation _____

(M) Registered Agent _____ Telephone # _____
Address _____

(N) If a subsidiary, provide:

Parent Organization Name _____
Address _____
Telephone No. _____ State of Incorporation _____

6. Name, address and telephone number of person(s) authorized to sign Permit/License Documents.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have any of the above listed (1) persons, or (2) companies owned, in whole or in part, by said persons, the applicant, members of the organization, or any person having 20% or greater ownership interest had a mining permit issued by Virginia or any other state revoked?
() Yes () No

If yes, give a brief statement of action. _____

8. Have any of the persons listed above been convicted of violating any of the following sections: 45.1-161.292:33, 45.1-161.177, 45.1-161.178, and 45.1-161.233 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?
() Yes () No

If yes, give a brief statement of action. _____

9. COMPLETE EITHER (A) OR (B)

(A) List all MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Identification No.	Status
_____	_____
_____	_____
_____	_____

- (B) List all names under which the applicant and either members of the applicant or any person having 20% or greater interest in the applicant operates a mine which has been issued a MSHA Federal Identification Number.

ONLY TRANSFER APPLICANTS NEED TO COMPLETE #10, #11 AND #12

- 10. List any mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.**

Issuing Authority	Permit No./Identification No.
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

- 11. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.**

Name	Address
Surface <hr/>	<hr/>
Surface <hr/>	<hr/>
Mineral <hr/>	<hr/>
Mineral <hr/>	<hr/>

- 12. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:**

Provide deed book number, page number, parties to the deed or lease, date of execution or provide copy of deed or lease.

I, _____ hereby certify that to the best of my knowledge, the
(Print Name)
information provided in this License Renewal/Transfer Application is accurate and complete.

<hr/>	<hr/>
Operating Official Signature	Date

